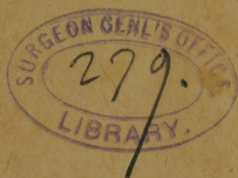


JOSLIN (B.F.)

Letter to the Homoeopathic
Physicians of the U.S. x x x x



Joslin (B. F.)

LETTER

TO THE

HOMŒOPATHIC PHYSICIANS
OF THE UNITED STATES.

PRESENTED TO THE AMERICAN INSTITUTE OF HOMŒOPATHY

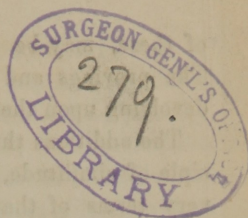
BY B. F. JOSLIN, M. D.

MEDICAL BRETHREN:—

IN endeavoring to fulfill the duty of addressing you on some topics designated by our National Society, I believe it will be in accordance with the spirit of their resolution, to offer some thoughts on THE ADVANCEMENT OF MEDICAL SCIENCE, AND ESPECIALLY ON HOMŒOPATHY, CONSIDERED AS IMPROVABLE.

Your practice is a continual confirmation of the fundamental law of therapeutics. The verification of this law, however, by Hahnemann and his successors, are already so numerous, that comparatively little can be added to the extreme probability of its universality by any new clinical observations. It is not chiefly in this direction that you are to labor for the *advancement* of medical science; though by the repetition of verifications you may promote its *diffusion* among those who hitherto remain skeptical.

The law of cure, and some obvious inferences from it being established, but the curative property of the great mass of material agents being still undiscovered, your more useful efforts in advancing the healing art will not often be in searching for new principles, but for new facts—not for new methods of employing known remedies, but for new remedies to be employed under the guidance of principles with which you are already familiar. The term new is not here intended to exclude the hitherto undiscovered properties of drugs, partially proved. Revealing the functions still latent in one



of these, may be virtually equivalent to creating a new remedy. The provings and reprovings of drugs constitute the great work devolving upon the disciples of Hahnemann.

The additions thus made can never shake the fundamental principle of similitude, nor the general principle of proving, which the very terms of that law of cure imply. Thus far, at least, the homœopathic system ranks among the branches of established science.

The same rank, however, cannot be accorded to many subordinate generalizations, which ingenious theorists attempt to introduce into the superstructure. For example, the relative importance of a medicine to different organs and functions, and that of different medicines to the same organ or function, can never be exactly determined till the provings of such medicine or medicines shall have been completed. In the meantime, the classifications which relate to these, and which convenience may require, are to be regarded only as approximate, provisional and temporary.

Still lower in scientific rank, and more vacillating, are systems of therapeutics founded on pathological hypotheses or mere clinical experience. The bad success of other schools should teach ours to avoid squandering their time by efforts in that direction. Such systems require frequent reconstruction.

The legitimate extension of the *Materia Medica* by provings, is not liable to occasion similar oscillations throughout the fabric. Real materials accumulate nearly in the ratio of the number of experiments. If some unsound elements are unavoidably introduced, they will, by a kind of interstitial and molecular growth, analogous to nutrition in the human body, be ultimately eliminated without any sudden or general shock, their places being supplied by others which better stand the test of enlarged experience.

Thus, new symptoms give to the *Materia Medica* structure, its *extension*; the verification of old ones, its *solidification*. Original provings effect the former; reprovings effect both. The repetition of the experiments by different provers, will determine the relative frequency of recurrence of the several genuine symptoms, and consequently their relative adaptedness to the average human organism.

But no genuine drug symptoms are absolutely useless, however rare the organisms to which they are peculiar; so that few need

decline making contributions to the *Materia Medica* from fear of vitiating it with their idiosyncrasies. Natural or acquired peculiarities in a portion of the provers, and in some of them a susceptibility which almost amounts to disease, may be requisite for the ultimate completeness of the world's knowledge of the properties of medicines.

The therapeutic utility of that part of the *Materia Medica* thus developed, will not be limited to a class of patients whose normal state is similar to that of these sensitive provers; for a disease generates a sensibility to the action of its appropriate remedy; and in many instances this remedy may remain undiscovered, until its morbid properties shall have been developed by persons naturally more sensitive to its action than the patients themselves in their normal condition. There may be many symptoms of a drug which a majority of provers may be incapable of experiencing as its effects; and if by disease, a great number of these symptoms should be developed in their own persons, they might be dependent for their cure, upon the labors of a few whose constitutions or conditions at the time of the provings had been dissimilar to their own.

Both classes of persons above referred to as proper agents for extending a *Materia Medica Pura*, are supposed to have few symptoms, except those produced by the proving, and to be capable of distinguishing the former, and careful to reject them.

There is another class from whom may be obtained verifications of symptoms previously established. These are patients. The confirmations which they afford are of two kinds, pathogenetic and therapeutic. Both require great discrimination and caution, for distinguishing the effects of the drug from the natural progress or retrogradation of the disease.

Meagre descriptions of cases cured under several remedies given in quick succession, contribute nothing to the confirmation of the *Materia Medica*.

If the symptoms of a case are minutely noted, their entire removal under a single remedy, tends to verify the pathogenesis, but not in the same degree as would the recurrence of an equal number of symptoms, in reproving by new provers. Such cures afford collateral evidence in favor of the *Materia Medica*; they fortify, but without extending it. To admit new symptoms on mere therapeutic evidence, would be in some degree a return of the uncertain method of the empirical school.

The use of patients for *pathogenetic* purposes is attended with similar difficulties, and requires similar precautions. Yet the morbid effects of medicines appropriate for the cure, will afford frequent opportunities of confirming the results primarily derived from the healthy. By marking in a *Materia Medica* or repertory, the symptoms thus confirmed, physicians might collect much concurrent evidence. Under a symptom of the former, or drug of the latter, an oblique line (1) might be placed for every unequivocal pathogenetic confirmation, and another oppositely inclined for every unequivocal curative one. The number of marks would show the amount of confirmations. Whenever they mutually intersected, they would form an approximation to a star, already in our school the conventional sign that the drug has been observed to exhibit both modes of action with reference to the symptom.

The morbid effects of drugs are frequently observed to be the same on the sick as on the healthy, even to the minutest particulars; and it is probable that the *real* morbid effects are identical, and that the principal reason for not relying on such provings is, the danger of introducing symptoms proper to the disease alone. This danger would vary with the knowledge and caution of the observer.

A similar danger attends *therapeutic* verifications, and is in one respect greater, viz., in regard to *critical days*. Many accurate observers have noticed certain epochs of decline or termination of diseases, especially those of a febrile character. The more marked of these changes occur on the third, seventh, eleventh, fourteenth, or twenty-first days. Several partial crises are observed in the progress of the same case, each leaving it changed by the somewhat sudden disappearance or mitigation of some of the symptoms. Now, if under a correct treatment, each of these changes is *on the whole*, a favorable one, and the final result happy, the several improvements and the final cure are not attributable merely to Nature; and on the other hand, not merely to the medicines given *immediately* before the epochs of the several changes. If others had been previously administered, they may have equal claims as the cause of the improvement or cure. If the physician neglects the observation of critical days, he may draw erroneous conclusions in regard to the curative influence of a drug. The quotidian changes are generally appreciated. The before mentioned critical days are also, in regard

to some symptoms, and in some degree, days of exacerbation, and their neglect might vitiate the pathogenetic confirmations, though usually less than the therapeutic. To prove medicines on the healthy is the great work which devolves on our school.

Some allege as an objection to additional provings, that the pile of materials is already inconveniently large. In regard to this, they might best appreciate the influence of additions, by means of subtractions; because, by making the latter, we can compare objects with which we are already acquainted. As an experiment then, let any physician expunge at random, one-half of each paragraph of a *Materia Medica* or repertory, or, what is equivalent, systematically avoid consulting the first or last half of each paragraph, throughout the book. The mere conception of such a course must satisfy any experienced and thorough practitioner, of the impossibility of attaining even a near approximation to his present success, without vast additional labor. Toward the true remedy, and often to one only analogous to it, he would approximate by a longer series of comparisons than that which now suffices for obtaining the *similimum*. Such being the effect of curtailing our present resources, we can on this, as on many other subjects, reason from subtraction to addition, and from the past to the future. It is presumable, that the effect of adding will be opposite to that of subtracting, and that of future contributions similar to that of former ones. The effect of reducing the number of symptoms of a remedy in a *Materia Medica*, affords an argument in favor of *reprovings*; that of reducing the number of remedies appended to a symptom in a repertory, an argument in favor of *original* provings.

We are agreed as to the general mode of improving our *Materia Medica*, i. e., by the examination of morbid properties, and not by the *direct* observation of curative ones, on which other schools rely. This will always insure to ours an immense advantage in the rapidity and certainty of development, which will be proportional to the labor bestowed.

I have hitherto referred to our fundamental principles, which are eternal, and our materials, which are cumulative.

Is the science of medicine in all its comprehensiveness, to become equally reliable, or improvable with equal certainty and rapidity? This is not to be expected. Some auxiliary branches, common to all schools, must, from their nature, remain more uncertain and

less progressive ; and when the exclusive labor of cultivating *them* shall devolve also upon the disciples of Hahnemann, you will, with these sciences, inherit those difficulties which are necessarily inherent in them ; though some difficulties will be more easily surmounted with the aid of Homœopathy ; and some of the problems which present other difficulties, will themselves sink into practical insignificance, in proportion as the great truths of our system are appreciated.

Many physiological and pathological problems are of such a character as to present to those homœopathists who may attempt their solution, elements of uncertainty similar to those encountered by previous medical theorists ; so that, considered in relation to some of these collateral or auxiliary topics, Reformed Medicine is not destined to be exempt from slow development. Here lie the same rocks on which have been wrecked so many navigators of other times, compelled by their position simultaneously to encounter invisible under-currents, and unforeseen shifting of winds. Or, to speak less figuratively, the investigator is compelled to grapple with a problem of numerous and uncertain elements.

Now, if a great portion of what all schools, our own inclusive, allow to be medical problems, are for a long time to remain without solution, and some of them ever to remain incapable of any that is demonstrably true, is this a ground of discouragement to the followers of Hahnemann ? Does it affect the certainty of reward for your proper labors in the advancement of Medicine, considered in its more important practical bearings ? In this respect your position is different from that of the physiological schools. With them, theories of the functions of the human organism are the foundation of therapeutics. They are working at one unfinished monument ; you at another. Their alterations are in a considerable degree, fundamental, and cause dilapidations in the superstructure, and necessitate its frequent demolition and reconstruction. You build on an immovable foundation, and every extensive alteration involves progression.

In proportion to your faith in this, will, *cæteris paribus*, be your happiness and activity ; for one of the most agreeable and effectual incitements to labor, is the certainty of success.

You have not, like many of your allopathic neighbors, the gloomy and paralysing skepticism which keeps them in doubt, respecting the

proper reply to such inquiries as the following: Is there such a thing as therapeutic science? Is the world, considered as one complex individual, advancing more and more toward maturity in medical knowledge? Have we any means of determining whether this age knows more than the last, or whether the next generation will be wiser than our own? If all these questions had to be answered in the negative, the philanthropist and lover of truth would be left without any stimulus to exertion in the cause of medical science.

The world, in some of its aspects, is calculated to give this discouraging impression. In general, the controversies of parties and sects seem incapable of settlement. Many old divisions continue for ages, whilst new ones arise to occasion increased distraction of the human mind. If one sect or another acquires in its turn a temporary preponderance or popularity, this is due to the eloquence of its champions, or some fortuitous advantage, oftener than to any new and conclusive demonstration of truth.

No doubt many place our medical sect in the same category. But from what has been above stated, it is evident that our method of investigation, if compared with the modes in which many medical, moral and political theories have been developed, would exhibit a striking contrast favorable to Homœopathy, not only with regard to its inherent truth, but its power of eventually gaining universal reception.

I am respectfully and fraternally yours,

New York, June 4th, 1855.

B. F. JOSLIN.

